

# FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # 747609

(6)

95 FEB -2 PM 4: 24

LAKE JEM VOLUNTEERS, INC.

Principal Place of Business

Mailing Address

20638 TAMMI DRIVE  
TAVARES FL 32776

28638 TAMMI DRIVE  
TAVARES FL 32776

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 3. Date Incorporated or Qualified<br>06/13/1979                                                                                                                | 3a. Date of Last Report<br>02/15/1994 |
| 4. FEI Number<br>59-2008027                                                                                                                                    | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                      | \$8.75 Additional Fee Required        |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                             | \$5.00 May Be Added to Fees           |
| 7. Nonprofit with IRS 501(c)(3)<br>Tax Exempt Status <input type="checkbox"/>                                                                                  | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032,<br>Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |

2. Principal Place of Business

2a. Mailing Address

|                         |                         |
|-------------------------|-------------------------|
| 21. Suits, Apt. #, etc. | 25. Suits, Apt. #, etc. |
| 22. City & State        | 27. City & State        |
| 23. Zip                 | 28. Country             |
| 24. Zip                 | 29. Country             |
| 25. Zip                 | 30. Country             |

|                                                        |              |
|--------------------------------------------------------|--------------|
| 81. Name                                               | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) |              |
| 83. City                                               |              |
| 84. City                                               |              |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HODGE, JANE B.  
28638 TAMMI DRIVE  
TAVARES FL 32776

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|---------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | PD                  | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CLARK, MARGUERITE J | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 28009 LOIS DRIVE    | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | TAVARES FL          | 1.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | SD                  | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HIXON, JIMMIE J     | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 28832 TAMMI DRIVE   | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | TAVARES FL          | 2.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | VTD                 | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HODGE, JANE B.      | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 28638 TAMMI DRIVE   | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | TAVARES FL          | 3.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                     | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                     | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                     | 4.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                     | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                     | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                     | 5.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                     | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                     | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                     | 6.4 CITY - ST - ZIP                                   |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JANE B. HODGE - Jane B. Hodge, VTD

January 18, 1998 343-8573

SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

(Signature Line)